

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: MovieFone, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** MovieFone, moviefone.com

Address of Service Provider: 22000 AOL Way, Dulles VA 20166-9323

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** James R. Bramson

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box
or similar designation is not acceptable except where it is the only address that can be used in the geographic
location):**
22000 AOL Way, Dulles VA 20166-9323

Telephone Number of Designated Agent: 703-265-0094

Facsimile Number of Designated Agent: 703-265-1075

Email Address of Designated Agent: AOLCopyright@aol.com

Signature of _____ of the Designating Service Provider:

Date: 12/22/99

Typed or Printed Name and Title: James R. Bramson, Sr. Counsel

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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